

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10786710**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		2				
17		2				
18		2				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
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30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		2				
62		2				
63		/				
64		/				
65		/				
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
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83		/				
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88		/				
89		/				
90		/				
91		/				
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93		/				
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96		/				
97		/				
98		/				
99		/				
100	/	/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101						
102						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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14						
15						
16						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	102					
TOTAL CLAIMS	108					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
53												
54												
55												
56												
57												
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59												
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95												
96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												